Blue Cross Blue Shield Blue Care Network of Michigan

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Medical benefit drug policies are a source for BCBSM and BCN medical policy information only. These documents are not to be used to determine benefits or reimbursement. Please reference the appropriate certificate or contract for benefit information. This policy may be updated and therefore subject to change.

P&T Date: 06/05/2025

Qalsody™ (tofersen)

HCPCS: J1304

Policy:

Requests must be supported by submission of chart notes and patient specific documentation.

A. Coverage of the requested drug is provided when all the following are met:
   a. FDA approved indication
   b. FDA approved age
   c. Confirmed superoxide dismutase 1 (SOD1) mutation
   d. Vital capacity greater than 50% predicted
   e. Submission of a baseline metrics from the ALSFRS-R
   f. Currently receiving treatment and will continue to receive treatment with riluzole, if tolerated
   g. Trial and failure, intolerance, or a contraindication to the preferred products as specified in the BCBSM/BCN medical utilization management drug list

B. Quantity Limitations, Authorization Period and Renewal Criteria
   a. Quantity Limits: Align with FDA recommended dosing
   b. Authorization Period: One year at a time
   c. Renewal Criteria: Continuation of coverage requires submission of patient assessments using the ALSFRS-R or other clinical documentation to determine if Qalsody is slowing the progression of ALS

***Note: Coverage and approval duration may differ for Medicare Part B members based on any applicable criteria outlined in Local Coverage Determinations (LCD) or National Coverage Determinations (NCD) as determined by Center for Medicare and Medicaid Services (CMS). See the CMS website at http://www.cms.hhs.gov/. Determination of coverage of Part B drugs is based on medically accepted indications which have supported citations included or approved for inclusion determined by CMS approved compendia.

Background Information:

- Qalsody is indicated for the treatment of amyotrophic lateral sclerosis (ALS) in adults who have a mutation in the SOD1 gene. This indication is approved under accelerated approval based on reduction in plasma neurofilament light chain observed in patients treated with Qalsody. Continued approval for this indication may be contingent upon verification of clinical benefit in confirmatory trial(s).

- ALS is the most common motor neuron disease in adults and is characterized by neurodegeneration of motor neurons in the brain and spinal cord. The incidence of ALS is approximately 1-2.6 cases per 100,000 persons annually, whereas the prevalence is approximately 6 cases per 100,000. The average age of onset of ALS is currently 58-60 years old and the average survival time from onset to death is 3-4 years. Mutations in the SOD1 gene account for approximately 2% of ALS cases (approximately 330 people in the US). In people with SOD1-ALS, mutations in their SOD1 gene cause their bodies to create a toxic misfolded form of SOD1 protein. This toxic protein causes motor neurons to degenerate, resulting in progressive muscle weakness, loss of function, and eventually, death.

- The American Academy of Neurology updated guidelines from 2009 (reaffirmed on January 11, 2020) titled "Update: The care of the patient with amyotrophic lateral sclerosis: drug, nutritional, and respiratory therapies" recommend that riluzole should be offered to slow the disease progression in patients with ALS. The European Federation of Neurological Sciences (EFNS) guidelines on clinical management of amyotrophic lateral sclerosis (MALS)-revised report of an EFNS task force, from 2012 also recommend riluzole in all patients. Neither set of guidelines have been updated to include the two most recent ALS drug approvals: Radicava® or Relyvrio™. There are no therapies listed specifically for ALS with SOD1 gene mutations

- The efficacy of Qalsody was assessed in the VALOR study, a Phase III, 28-week, randomized, double-blind, placebo-controlled clinical study in patients 23 to 78 years of age with weakness attributable to ALS and a SOD1 mutation confirmed by a central laboratory. One hundred eight (108) patients were randomized 2:1 to receive treatment with either Qalsody 100 mg (n=72) or placebo (n=36) for 24 weeks (3 loading doses followed by 5 maintenance doses). Concomitant riluzole and/or edaravone use was permitted for patients, and at baseline 62% of patients were taking riluzole and 8% of patients were taking edaravone. The non-modified intent to treat population had a slow vital capacity ≥ 50% of predicted value at baseline.

    - The trial showed a non-statistically significant 1.2-point difference in the Revised ALS Functional Rating Scale (ALSFRS-R) ($p = 0.97$).

    - Qalsody led to reductions in SOD1 by 35% compared to 2% for placebo and a 55% reduction in plasma neurofilament, a biomarker of neurodegeneration, compared to a 12% increase in the placebo-treated group.

    - Additional analysis of the Phase III data combined with an open-label extension (OLE) study showed that earlier initiation of Qalsody slowed decline across measures of clinical and respiratory function, strength, and quality of life.

References:

1. Qalsody [prescribing information]. Cambridge, MA; Biogen. April 2023
2. Talbott EO, Malek AM, Lacomis D. The epidemiology of amyotrophic lateral sclerosis. Handb Clin Neurol. 2016;138:225-38. doi: 10.1016/B978-0-12-802973-2.00013-6. PMID: 27637961.
3. R. G. Miller, C. E. Jackson, E. J. Kasarskis, J. D. England, D. Forshew, W. Johnston, S. Kalra, J. S. Katz, H. Mitsumoto, J. Rosenfeld, C. Shoesmith, M. J. Strong, S. C. Woolley Practice Parameter update: The care of the patient with amyotrophic lateral sclerosis: Drug, nutritional, and respiratory therapies (an evidence-based review) Report of the Quality Standards Subcommittee of the American Academy of Neurology. Neurology Oct 2009, 73 (15) 1218-1226; DOI: 10.1212/WNL.0b013e3181bc0141
4. Andersen, P.M., Abrahams, S., Borasio, G.D., de Carvalho, M., Chio, A., Van Damme, P., Hardiman, O., Kollewe, K., Morrison, K.E., Petri, S., Pradat, P.-F., Silani, V., Tomik, B., Wasner, M. and Weber, M. (2012), EFNS guidelines on the Clinical Management of Amyotrophic Lateral Sclerosis (MALS) – revised report of an EFNS task force. European Journal of Neurology, 19: 360-375. https://doi.org/10.1111/j.1468-1331.2011.03501.

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<tr><th colspan="3">Policy History</th></tr>
<tr><th>#</th><th>Date</th><th>Change Description</th></tr>
<tr><td>1.5</td><td>Effective Date: 06/05/2025</td><td>Annual review of policy. No changes to criteria were made.</td></tr>
<tr><td>1.4</td><td>Effective Date: 06/06/2024</td><td>Annual review of policy. No changes to criteria were made.</td></tr>
<tr><td>1.3</td><td>Effective Date: 08/01/2023</td><td>UM medical management system update for MAPPO and BCNA
<table><tr><th>Line of Business</th><th>PA Required in Medical Management System (Yes/No)</th></tr><tr><td>BCBS</td><td>Yes</td></tr><tr><td>BCN</td><td>Yes</td></tr><tr><td>MAPPO</td><td>Yes</td></tr><tr><td>BCNA</td><td>Yes</td></tr></table></td></tr>
<tr><td>1.2</td><td>Effective Date: 06/08/2023</td><td>New policy</td></tr>
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<table><tr><th>Line of Business</th><th>PA Required in Medical Management System (Yes/No)</th></tr><tr><td>BCBS</td><td>Yes</td></tr><tr><td>BCN</td><td>Yes</td></tr><tr><td>MAPPO</td><td>No</td></tr><tr><td>BCNA</td><td>No</td></tr></table></td></tr>
<tr><td>1.0</td><td>Effective Date: 02/02/2023</td><td>Preliminary drug review</td></tr>
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** The prescribing information for a drug is subject to change. To ensure you are reading the most current information it is advised that you reference the most updated prescribing information by visiting the drug or manufacturer website or http://dailymed.nlm.nih.gov/dailymed/index.cfm.*